

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE										STANDARD CERTIFICATE OF DEATH		-62-004404			
AMENDED										918		1003		191	
Registration District No.										Primary Registration District No.		Registrar's No.		STATE FILE NUMBER	
1. PLACE OF DEATH										2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY										a. STATE Missouri		b. COUNTY		admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only)										Length of stay in 1b		c. CITY OR TOWN		Inside Limits	
St. Louis												St. Louis		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location)										Inside Limits		d. STREET ADDRESS		Reside on Farm	
St. Luke's Hospital										Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		5576 Pershing Ave.		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED										4. DATE OF DEATH		Month		Day	
First Middle Last										January 4, 1962					
Lulu M. Rhoads															
5. SEX										6. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	
Female										White				1/14/1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)										10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Retired Designer										Millinery		Bedford, Iowa		U.S.	
13a. FATHER'S NAME										13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
Isaac L. Rhoads										Abba Samantha Pershing		None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)										16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
No												Mary Rhoads, 5576 Pershing Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a)										Pulmonary infarction + Pneumonitis		3 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)		General atherosclerosis Central sclerosis heart disease		6 yrs.	
										DUE TO (c)		Diabetes mellitus		Several years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										260x		PART III. If deceased was female was there a pregnancy in last 90 days.			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>										20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY										Hour a.m. p.m.		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Feb. 12, 1955 to January 4, 1962										10:20 pm		and last saw her him alive on January 4, 1962			
Death occurred at										on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE										(Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
David Hafe Kerr, M.D.												950 Francis Pl. Clayton 5 Mo		1/5/62	
23a. BURIAL, CREMATION, REMOVAL (Specify)										23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal										1-8-62		Oak Grove Cemetery		St. Louis Co., Mo.	
24. FUNERAL DIRECTOR										ADDRESS		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Albert H. Hoppe, Inc., 4700 Washington Blvd.												JAN 5 1962		Earl Smith, M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.